Rutgers COVID-19 Testing Form Examples

Long Form

Create Full Form Questionnaire

#1) Have you been tested for COVID-19 outside of Rutgers?
- Yes, with a PCR or antigen test
- Yes, with antibody tests
- No

Some questions are for epidemiological purposes. During a pandemic and community spread, exposure to the virus may be suspected, even without confirmed exposure.

Person information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
<th>E-Mail Address</th>
<th>Phone Number</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nov 10 1766</td>
</tr>
</tbody>
</table>

Home / Local Address
Secondary / Campus Address
Enter ‘NA’ if you are not living on campus

Identify your sexual orientation

Race

Current gender identity

Ethnicity

Gender at Birth

Are you pregnant?

Are you employed in healthcare?
- Yes
- No

Are you a student in healthcare?
- Yes
- No

Are you a faculty, staff, or student involved with or a part of the community as recommended for testing as part of the University’s targeted testing program through TPAG?
- Yes
- No

Are you either a faculty, staff, or student involved with or a part of the community as recommended for testing as part of the University’s targeted testing program through TPAG?

Insurance Information

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter ‘NA’ if this value is unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance/Member ID</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insured Name

Relationship to Insured

University Affiliation

<table>
<thead>
<tr>
<th>Person Type</th>
</tr>
</thead>
</table>
| Student
| Employee |

<table>
<thead>
<tr>
<th>Institution</th>
</tr>
</thead>
</table>
| Rutgers
| RBHS |

<table>
<thead>
<tr>
<th>Campus</th>
</tr>
</thead>
</table>
| Newark
| Camden
| New Brunswick |

#2) Please indicate if you have any of the following underlying conditions (check all that apply):
- Heart disease
- Lung disease
- Kidney disease
- Diabetes
- Chemotherapy or other immune disorders such as lupus, rheumatoid arthritis
- I have none of these conditions

Submit Questionnaire
Short Form

Some questions are for epidemiological purposes.
During a pandemic and community spread, exposure to the virus may be suspected, even without confirmed exposure.

#1) Please indicate if you currently have any of the following symptoms (check all that apply):
- Cough (new onset or worsening)
- Shortness of breath
- Sore throat
- New loss of taste or smell
- Fever or Chills
- I currently have none of these symptoms

#2) Have you had close contact with a confirmed case of COVID-19 in the past 14 days?
- Yes
- No

#3) Collection Date & Time of saliva sample
- Collection Date
  - 12/10/2020
  - 12/11/2020
- Collection Time

The Short Form Questionnaire can only be completed if you will be submitting a COVID test within the next 24 hours

Submit Questionnaire